

## Funding Sources Form

| Funding Source   | Date | Amount |
|--|------|--------|
| Statewide Park Program GRANT Request                                     | TBD  | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
|  |      | \$     |
| <b>Grand Total All Funding Sources</b><br>(Estimated TOTAL PROJECT COST) |      | \$     |

The APPLICANT understands that the PROJECT cannot be funded unless the requested GRANT equals the estimated cost needed to complete the PROJECT, or, the requested GRANT plus the total amount of additional COMMITTED FUNDS equals the estimated cost of the PROJECT. The PROJECT must be completed and open to the public before final GRANT payment is processed.

\_\_\_\_\_  
APPLICANT'S AUTHORIZED REPRESENTATIVE Signature

\_\_\_\_\_  
Date